

Multilevel Facilitators and Barriers to Cervical Cancer Screening in Women Living with HIV: A Qualitative Study

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Introduction & Methods

Introduction

- Women living with HIV (WLH) in the U.S. experience disparities related to cervical cancer
- WLH are **more likely** to be infected with oncogenic HPV strains & are **4-5 times more likely** to develop cervical cancer
- Routine cervical cancer screening is recommended due to cervical cancer being an AIDS-defining illness.
- However, the multilevel factors that influence Pap test utilization with Ryan White Part D settings remain largely unknown.

Methods

- 16 semi-structured interviews with WLH
 - 30-60 minutes in length
- Inclusion criteria & gift card incentive
 - Informed Consent
- Interviews were audio-recorded, transcribed, and analyzed in Atlas.ti using content analysis method.
 - Kappa Statistic = 78% (measure of intercoder reliability)

Participant Demographics

- Race/Ethnicity: 63% NH Black
- Age (in years): Mean 39 (*SD* = 11.29)
- Annual Household Income (thousands of dollars): Mean \$20.9 (*SD* = \$12.9)
- Years Living with HIV: 18.6 Years (*SD*=10.42)
- Education: 94% >HS Diploma or higher
- Pap test <year: 63% had Pap test
- History of abnormal Pap: 50%

Individual Level Facilitators

- Awareness of Pap test importance
- Desire to know what is happening within their bodies
- Heightened awareness due to their HIV status
- Recognition of early cancer prevention and detection

Individual Level Barriers

- Psychosocial concerns
- Financial costs accrued

Interpersonal Barriers & Facilitators

Facilitators

- **The role of motherhood**

“...with me having kids and stuff, I want to be here longer with my kids. Therefore, it may be something that's going on that I may not see or can feel, but it's something there. So, my kids are what push me to do a lot of things because, how should I put it, if I don't have them, if they don't have their mom and everything, no one's going to take care of you like your mom.”

Participant 6, Clinic 5

Barriers

- **Motherhood and related caregiving responsibilities**

“...I don't be having a babysitter. I have to take all those little troublemakers with me. So, there's a lot of stuff related to just coordinating logistics with the kids...Like, you know, my day-to-day is a lot different from another mom”

Participant #13, Clinic 1

Facilitators

- **Access to transportation**
- Resources and norms within the community
- “Yeah, I've got transportation. I've got Access Link. Yeah, because Access Link, that one is better than the next one for the government, because Access Link will come on time and bring you back on time. The next one, they take a long time to come.”

Participant 14, Clinic 2

Barriers

- **Urban infrastructure**
- Interacting Syndemics

“They have the parking lots, and we can't always afford to pay that parking. They don't give us a ticket to pay for the parking, so we're on our own. And a lot of times, people just don't go. I don't want to deal with that. I'm going to stay home, and I'll get there the best way I know how.”

Participant 2, Clinic 4

Healthcare Level Facilitators & Barriers

Healthcare Facilitators: Welcoming & Helpful Support

“I love being with them because it’s not working with like just a care team. It’s like having a family. So, I think it comes with having the rapport with your doctors, and everyone is on the same page about your health. Because you have your ID doctor team, then you’ve got your primary. So, it makes it even good when you have them all there working together. And I have been blessed to have that with them, and I think that’s what makes it easy... The people are awesome. I love ‘em. Like I said, it’s a family.”

Healthcare Facilitators: Clinician Communication

“They communicate with me all the time. No matter if it’s something big, if it’s something small, they call me, they text me, they keep me updated on everything. Even if it’s nothing to do with my situation, like food wise, helping out with house, with the Corona stuff they helped me out with everything...”

Healthcare Level Barrier: Provider Stigma Outside of Ryan White Care

“Every time I go to a different doctor, I feel like I’m being judged because of it. The moment I say it, I feel like they just don’t want to touch me. They don’t want to be near me. I went to one gynecologist, and she read my chart, and I swear she did not move away from the door. It was like, she didn’t even want to touch me at all. I don’t know if she thought she could get it by touching my skin or what, but she was just like literally distant, hands in her pocket...”

Healthcare Level Barrier: Lack of Pap Test Appointment Availability

...“They don’t keep on time with the appointments, so you could waste a whole day. Yes, it’s too crowded. If you’re going to go do a pap there, schedule something for afternoon, half day, because you’re not going to get out until like five, six o’clock”

Conclusion

- Modifiable points for interventions by WLH who are at increased risk for cervical cancer
- Implications for Policy & Practice
 - Importance of multidisciplinary, multilevel assessment of barriers/facilitators
 - Integration of social care and social risks into clinical care
 - Care coordination between non-Ryan White Settings
- Future work
 - Thorough examination of the role of Syndemics for WLH and cancer prevention
 - Different healthcare systems
 - Diversity of language represented